



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

November 1, 1996

I certify that I mailed a copy of this document  
to the persons and addresses listed thereon,  
postage prepaid, in a receptacle for United  
States mail in Lacey,  
Washington on Nov 1, 1996.

*Jenna Hansen*

Charles A. Novak  
PO Box 2396  
Port Angeles, Washington 98362-2396

Dear Mr. Novak:

Re: Ground Water Superseding Certificate No. G2-27301

Your Application for Change has been approved. A Superseding Certificate will be issued after the required 30-day appeal period and upon payment of the statutory fee. Enclosed is the Report of Examination summarizing our findings and recommendations.

Our information indicates that you have begun construction of your project. We are enclosing a completion of construction form which must be filed by September 1, 2010. If you cannot complete your project by September 1, 2010, you must contact this office.

This order may be appealed. Your appeal must be filed with the Pollution Control Hearings Board, PO Box 40903, Olympia, WA 98504-0903 within thirty (30) days of the date this decision was mailed. At the same time your appeal must be sent to the Department of Ecology c/o Enforcement Officer, PO Box 47600, Olympia, WA 98504-7600. Your appeal alone will not stay the effectiveness of the Order. These procedures are consistent with Chapter 43.21B RCW.

Please send your permit fee of \$20.00 within 30 days. Make your check payable to the Department of Ecology.

Sincerely,

*Gale Blomstrom*

Gale Blomstrom  
Shorelands & Water Resources Supervisor  
Southwest Regional Office

GB:th(exam7)  
Enclosure



P 469 206 332

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Charles Novak	
Street and No.	
G2-27301	
P.O., State and ZIP Code	
Postage	\$

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

3. Article Addressed to:	
CHARLES A NOVAK PO BOX 2396 PT ANGELES WA 98362-2396	
5. Signature - Address	
X	
6. Signature - Agent	
X	
7. Date of Delivery	
NOV 5 1986 98362	
8. Addressee's Address (ONLY if requested and fee paid)	
Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service:	
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
4. Article Number	
P 469 206 332	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.	
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	